PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450 AN 9 9 7007

A JAN 2 2 2007	<i>탕</i>			Mexandria, Virgi 571)-273-2885	nia 22313-1450				
appropriate by the indicated unless correct maintenance fee notification	form should be used to correspondence including the below or directed other ations.	for transmitting the ISSU ng the Patent, advance o nerwise in Block 1, by (JE FEE and PUBLICA rders and notification o a) specifying a new cor	TION FEE (if requi f maintenance fees w respondence address;	red). Blocks 1 through 5 s ill be mailed to the current and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for			
		ock 1 for any change of address)	F	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
BROWN, RUI BOX IP, 18TH ONE FINANCI	DNICK, BERLAC FLOOR AL CENTER	² /2006 CK & ISRAELS, L	LP. I	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
BOSTON, MA 01/22/2007 HDEMESS		10518121		Michelle M	A. Hiello	(Depositor's name)			
	400.00 DA 300.00 DA			Lanuar	4 16,2007	(Signature) (Date)			
O3 FC+8001 APPLICATION NO.	15.00 DA FILING DATE		FIRST NAMED INVENTO	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/518,121	12/15/2004		Pascal Amary		25619/104	3255			
		TROSCOPIE ELLIPSO!		· · · · · · · · · · · · · · · · · · ·		···			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU						
nonprovisional	NO	\$1400	\$300	\$0	\$1700	01/19/2007			
	MINER	ART UNIT	CLASS-SUBCLASS						
	EN, TU T	2877	356-369000	a mataut fromt maga. Lia	•				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up or agents OR, altern (2) the name of a sin registered attorney of 2 registered patent a	For printing on the patent front page, list 1) the names of up to 3 registered patent attorneys r agents OR, alternatively, 2) the name of a single firm (having as a member a egistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed. ANTHONY H. HANDAL, ESC BROWN RUDNICK 2 BERLACK ISRAELS LLP 3					
3. ASSIGNEE NAME A	AND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	type)					
PLEASE NOTE: Un recordation as set for	lless an assignee is ident th in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on the T a substitute for filing	patent. If an assigne an assignment.	ee is identified below, the d	ocument has been filed for			
(A) NAME OF ASSI			(B) RESIDENCE: (CI		OUNTRY)				
HORIBA JO	BIN YVON, INC.	,	LONGJUMEAU	, FRANCE					
Please check the approp	riate assignee category or	categories (will not be p	rinted on the patent):	☐ Individual Co	rporation or other private gro	oup entity Government			
Aa. The following fee(s) Issue Fee Publication Fee (I) Advance Order -	No small entity discount p	•	A check is enclosed Payment by credit The Director is here	d. card. Form PTO-2038	ge the required fee(s), any de				
	itus (from status indicate		D	1					
	ns SMALL ENTITY state			<u> </u>	LL ENTITY status. See 37 C stered attorney or agent; or the	(6)()			
		ites Patent and Trademark	c Office.	1	12107				
Authorized Signature		HANDAT		Date	10101				
Typed or printed nam				Registration N					
This collection of inform application. Confider submitting the complete	nation is required by 37 Contiality is governed by 35 application form to the	CFR 1.311. The information U.S.C. 122 and 37 CFR	on is required to obtain of 1.14. This collection is	or retain a benefit by the estimated to take 12 redividual case. Any co	ne public which is to file (an minutes to complete, includir mments on the amount of ti	d by the USPTO to process) ng gathering, preparing, and me you require to complete			

submitting the completed application form to the USFIO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT	Docket No. 25619/104					
Applicant(s): Ama	ry et al.					
Application No.	Filing Date	Examiner		Customer No.	Group Art Unit	Confirmation N
18/518,121 December 15,		Nguyen, Tu	г	21710	2877	3255
	<u> </u>	OSCOPIE ELLIPSOM	ETER WI	ITH HIGH SPA	TIAL RESOLU	TION
ĕ \						_
JAN 2 2 2007						
<u> </u>		Mail Stop Is	ssuo Foo			
PAREMASS.		COMMISSIONER	FOR PAT	ENTS		
		<u>P.O. Box</u> Alexandria, VA		<u>450</u>		
ransmitted herewi	th are the following f	or the above-identified	d applicati	on.		
	ansmittal Form PTOL		••			
☑ Utility Fee:	\$ 1400.00	☐ Design Fee:			Plant Fee:	
Publication Fe	ee: \$300.00	· · ·				
☐ A check in the	e amount of	is attache	ed.	•		
	•	to charge and credit [Deposit Ad	count No.	500369	•
as described ⊠ Ch	below. arge the amount of	\$1,715.00			·	
	edit any overpaymen	· ·				
	arge any additional f		<u>X</u>	FIVE (5) S	SOFT COPIES _	\$15.00
	redit card. Form PT0	•		•		
•		form may become pu credit card information	ublic. Cre on and au	dit card inforr	nation should r n PTO-2038.	not be
110.000				1/2/5	. –	
	Signature		Dated:	11310	· /	
	ıl, Esq. (Reg. No. 41,4	33)				
Attorney for Appli						
Brown Rudnick Be One Financial Cen		•				
Boston, MA 02111						
Tel: 212.209.4942						
Fax: 617.856.8201						
cc:						
Certif This co	ficate of Transmission be ertificate may only be u by deposit account	sed if paying		Certificate of M	lailing by First Cla	ass Mail
I certify that this	document and authoriza	1	I hereby	certify that this c	orrespondence is be	eing deposited with
account is being and Trademark C on	facsimile transmitted to th Office (Fax No.	ne United States Patent	the Unite class in Patents,	ed States Postal S nail in an envelo P.O. Box 1450,	Service with sufficie pe addressed to " Alexandria, VA 223	nt postage as first Commissioner for
			1.8(a)] o	nuaryl6, 2007		
(Date)				(Date)		Ob.
	Signature			Signature of Per	son Mailing Correspo	ondence
			∥ m	lichelle	A. Aioll	0
Turned on Bui	utad Nama of Parson Signir	a Cartificata	7		of Parson Mailing C	orrasnondanca